



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 7	Attorney Docket Number	CUNANT 1716US
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ENCLOSURES (check all that apply)

<ul style="list-style-type: none"> ■ Fee Transmittal Form (in Duplicate) ■ Fee attached - Check \$470.00 □ Amendment/Response <ul style="list-style-type: none"> □ After Final □ Affidavits/declaration(s) ■ Extension of Time Request (in Duplicate) □ Express Abandonment Request □ Information Disclosure Stmt □ Certified Copy of Priority Document(s) □ Response to Missing Part/s Incomplete Application <ul style="list-style-type: none"> □ Response to Missing Parts under 37 CFR 1.52 or 1.53 	<ul style="list-style-type: none"> □ Assignment papers (for an Application) □ Drawing(s) □ Licensing-related Papers □ Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) □ To Convert a Provisional Petition □ Power of Attorney, Revocation Change of Correspondence Address □ Terminal Disclaimer □ Small Entity Statement □ Request for Refund 	<ul style="list-style-type: none"> □ After Allowance Communication to Group □ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter ■ Additional Enclosure(s) (please identify below): <ul style="list-style-type: none"> Request for Continued Examination - 1pg Postcard
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
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Signature

Date

December 4, 2008

CERTIFICATE OF MAILING

I hereby certify that this correspondence is deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on December 4, 2008.

Signature

Date: December 4, 2008 (amp)

DEC 08 2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008

■ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$470.00

METHOD OF PAYMENT (check all that apply)

■ Check Credit Card Money Order None Other (please identify): _____■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee■ Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP =	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
		\$52/\$26				

Indep. Claims -3 or HP + x Fee (\$)
\$220/\$110 = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

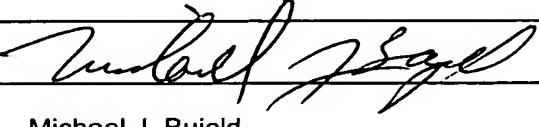
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 =	Extra Sheets / 50 =	No. of each additional 50 or fraction thereof (round up to a whole number) x	Fee (\$)	Fee Paid (\$)
			\$270/\$135	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)Other (e.g., late filing surcharge): Request for Continued Examination \$405.00Petition for Extension of Time \$65.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: December 4, 2008

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DEC 08 2008

Effective on 12/08/2004.
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Complete if Known

FEE TRANSMITTAL
For FY 2008 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$470.00

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit10/555,921
with an effective filing date of
May 26, 2004
Frederick Leslie BROWN
Maurice L. Williams
3611

Attorney Docket No.

CUNANT 1716US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

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under 37 CFR 1.16 and 1.17

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2. EXCESS CLAIM FEES

Fee Description Small Entity
Each claim over 20 (including Reissues) Fee (\$)
52Each independent claim over 3 (including Reissues) Fee (\$)
26Multiple dependent claims Fee (\$)
220 110Multiple dependent claims Fee (\$)
390 195

Total Claims -20 or HP =	Extra Claims x	Fee (\$) \$52/\$26 =	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
Indep. Claims -3 or HP +	Extra Claims x	Fee (\$) \$220/\$110 =	Fee Paid (\$)		

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3. APPLICATION SIZE FEE

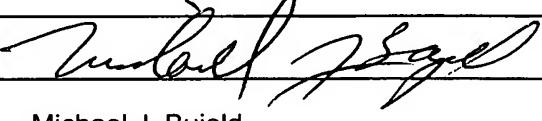
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Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018
		Date: December 4, 2008